U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

/ 01 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filling.	Name, file number, and address of labor organization.		
Name Jay Name lius	Name Allied Pilots Association		
	Labor Organization File Number 059-849		
P.O. Box, Bldg., Room No., if any  Street 9414 Cheek 5th Cittle S  City ILVING TX	P.O. Box, Building and Room Number, if any		
Street 9414 Crecar	Street 14600 Trinity Blvd., Suite 500		
City ILVING	City Fort Worth		
State TX ZIP Code + 4 7 5063	State TX ZIP Code + 4 76155-2512		
5. Position in labor organization. Security Commi	Hee Charthan		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any	7.b. Amount.		
Street	r.o. Allouit.		
City			
State ZIP Code + 4			
	ature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second complete).	ing documents), has been examined by the signatory and is, to the best of the		
A A A	//		
Signed James Harri	on 7/4/05 972-401-2845		
	7 CDate Telephone Number		
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Name of Person Filing	Tames	Novel	145	

File Number U- 2963

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, seiling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or seiling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., If any Street	c. Employer	
City State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City State ZIP Code + 4	12.a. Nature of interest held or income received.	
211 0000 . 4	12 h Amount	
	12.b. Amount.	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name American Airlines, Inc.	14.a. Nature of payment.  Positive space travel pass for union  business.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 4333 Amon Carter Blvd.		
City Fort Worth		
State TX ZIP Code + 4 76155-2605		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	